SENATE BILL No. 279

DIGEST OF INTRODUCED BILL

Citations Affected: IC 12-15-2-13.5.

Synopsis: Medicaid coverage for breast cancer treatment. Defines "treatment" for purposes of Medicaid eligibility under the federal breast and cervical cancer program.

Effective: July 1, 2009 (retroactive).

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January 11, 2010, read first time and referred to Committee on Health and Provider Services.



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Second Regular Session 116th General Assembly (2010)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in this style type, and deletions will appear in this style type.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in this style type. Also, the word NEW will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in this style type or this style type reconciles conflicts between statutes enacted by the 2009 Regular and Special Sessions of the General Assembly.

SENATE BILL No. 279

A BILL FOR AN ACT to amend the Indiana Code concerning human services.

Be it enacted by the General Assembly of the State of Indiana:

1	SECTION 1. IC 12-15-2-13.5, AS AMENDED BY P.L.107-2009,	
2	SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE	\
3	JULY 1, 2009 (RETROACTIVE)]: Sec. 13.5. (a) As:	
4	(1) used in this section; and	
5	(2) applied to Medicaid eligibility of a woman who has been	

- (2) applied to Medicaid eligibility of a woman who has been diagnosed with a molecular subtype of breast cancer for which there is no specific therapy that is:
 - (A) intended to prevent recurrence of the specific molecular subtype of breast cancer; and
 - (B) used after traditional treatment for breast cancer with chemotherapy or radiation;

"treatment" includes follow-up imaging studies, laboratory testing, and physical examinations by a physician.

(a) (b) A woman:

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- (1) who is not eligible for Medicaid under any other section of this chapter;
- (2) who is less than sixty-five (65) years of age;



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1	(3) who has been:	
2	(A) screened for breast or cervical cancer through the breast	
3	and cervical cancer screening program or by another provider	
4	under the federal Breast and Cervical Cancer Mortality	
5	Prevention Act of 1990 (42 U.S.C. 300k); and	
6	(B) determined to need treatment for breast or cervical cancer;	
7	(4) who is not otherwise covered under credible coverage (as	
8	defined in 42 U.S.C. 300gg(c)); and	
9	(5) whose family income does not exceed two hundred percent	
10	(200%) of the federal income poverty level for the same size	
11	family;	
12	is eligible for Medicaid.	
13	(b) (c) Medicaid made available to a woman described in subsection	
14	(a) (b) is limited to the duration of treatment required for breast or	
15	cervical cancer.	
16	SECTION 2. An emergency is declared for this act.	
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